# Fit For Travel Medical Certificate

<table>
<thead>
<tr>
<th>Name</th>
<th>..................................................................................................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>HN</td>
<td>Date</td>
</tr>
<tr>
<td>Birth Date</td>
<td>Age</td>
</tr>
<tr>
<td>Room</td>
<td>Sex</td>
</tr>
<tr>
<td>Physician</td>
<td>..................................................................................................</td>
</tr>
</tbody>
</table>

Date of Examination ........................................ Time ........................................

To Whom It May Concern:

This is certify that above name’s patient has examined and treated at our hospital as an:

- [ ] Out patient
- [ ] In-patient on/during ..........................................................

Diagnosis: ..............................................................................................................

Travel Recommendation and Assessment (Please tick in the box):

- [ ] Fit to fly as normal seated passenger
- [ ] Fit to fly with medical escort(s) only
- [ ] Fit to fly with non-medical escort/family
- [ ] Not fit to fly/Travel only at patient’s own risk

Special requirement(s), (Please tick in the box):

- [ ] None
- [ ] Economy class
- [ ] Business class
- [ ] First class
- [ ] Stretcher
- [ ] Wheelchair
- [ ] to Step
- [ ] to Ramp
- [ ] to Seat (Cabin)
- [ ] Oxygen supply
- [ ] Others (Please specify) ..........................................................

Physician’s Signature ........................................... Medical License No ...................... Telephone ........................................

I understand the risk(s) involved in air travel and accept full responsibility for myself

<table>
<thead>
<tr>
<th>Signature, Patient</th>
<th>Full name (Block letters)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other legally authorization</td>
<td>ID Number/Passport Number</td>
<td>Relationship to patient</td>
</tr>
</tbody>
</table>

Language used Translation (if required) | Witness/Translator | Witness |

Note: the final decision on whether or not the patient is allowed to board the plane mainly relies on the concerned airline.